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Date: May 2, 2007

Pages (including cover): 7

To: MAIL STOP AMENDMENT

Fax: 571-273-8300

Ph:

From: Jeff E. Schwartz, Reg. No. 39,019

Docket No. 044148-4100

Message: The following documents are being presented for facsimile filing in the United States Patent and Trademark Office:

1. Transmittal
2. Reply to Office Action
3. Three Month Extension of Time Request
4. Permission to charge the Deposit Account No. 19-2380 in the amount of \$510.00 representing \$510.00 for a 3MEOT.

In re Patent Application of
Inventor(s): Kenneth J. Kledzik
Application No. 10/648,029
Filed: August 26, 2003
For: CARRIER BASED ELECTRONIC MODULE
Date: May 2, 2007
Docket Number: 044148-4100

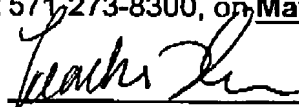
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CERTIFICATE OF FACSIMILE TRANSMISSION [37 CFR 1.8(a)]

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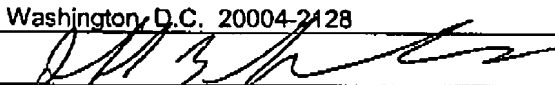

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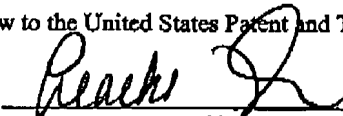
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/648,029
	Filing Date	August 26, 2003
	First Named Inventor	Kenneth J. Kledzik
	Group Art Unit	2814
	Examiner Name	Nathan Ha
Total Number of Pages in This Submission	Attorney Docket Number	044148-4100

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Reply to Office Action <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Three Month Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeff E. Schwartz; Reg. No. 39,019 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2428
Signature	
Date	May 2, 2007

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